2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
01 JUN -7 AM 8:19

DOCUMENT # P97000063467

Entity Name

United Eagles, Inc.

Principal Place of Business	Mailing Address
2559 NE 15th Street Pompano Beach, FL 33062	2559 NE 15th Street Pompano Beach, FL 33062

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0769354 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Eldana, Sam 2559 NE 15th Street Pompano Beach, FL 33062	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back). ☐

~~AFTER NOVEMBER FEE IS $150.00~~
~~AND MAY 1, 2001 FEE WILL BE $550.00~~
~~MAIL CHECK PAYABLE: Department of State~~

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TLE AME REET ADDRESS TY-ST-ZIP	PSD Eldana, Sam 2559 NE 15th Street Pompano Beach, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TLE AME REET ADDRESS TY-ST-ZIP	VTD Eldana, Lisa 2559 NE 15th Street Pompano Beach, FL 33062 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TLE AME REET ADDRESS TY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500004418965--7 -06/14/01--01011--002 ****150.00 ****150.00
TLE AME REET ADDRESS TY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TLE AME REET ADDRESS TY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TLE AME REET ADDRESS TY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition TAD

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-30-01 954-786-2882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #